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National Stage Proceeding
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MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/531371

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL CLAIMS	21	████████	22	████████		

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TOTAL IND.						
TOTAL DEP.		↑		↑		
TOTAL DEP.		↑		↑		
TOTAL CLAIMS		████████		████████		

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